

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

Western District of Massachusetts  
(State)

Case number (if known): Chapter 7

☐ Check if this is an amended filing

**Official Form 205**

**Involuntary Petition Against a Non-Individual**

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1:** Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

**1. Chapter of the Bankruptcy Code**

Check one:

- ☒ Chapter 7  
☐ Chapter 11

**Part 2:** Identify the Debtor

**2. Debtor's name**

Vero Health XIII, LLC d/b/a Vero Health & Rehab of South Hadley

**3. Other names you know the debtor has used in the last 8 years**

Vero Health  
Vero Healthcare Management, LLC

Include any assumed names, trade names, or doing business as names.

**4. Debtor's federal Employer Identification Number (EIN)**

☒ Unknown

EIN

**5. Debtor's address**

**Principal place of business**

573 Granby Road  
Number Street

South Hadley MA 01075  
City State ZIP Code

Hampshire  
County

**Mailing address, if different**

10500 Little Patuxent Parkway, Suite 300  
Number Street

P.O. Box  
Columbia MD 21044  
City State ZIP Code

**Location of principal assets, if different from principal place of business**

1500 Little Patuxent Parkway  
Number Street  
Suite 300

Columbia MD 21044  
City State ZIP Code

Debtor Vero Health XIII, LLC d/b/a Vero Health & Rehab of South Hadley  
Name  
Case number (if known)

6. Debtor's website (URL)

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other type of debtor. Specify:

8. Type of debtor's business

Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the types of business listed.  
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No  
☐ Yes. Debtor Relationship  
District Date filed Case number, if known  
MM / DD / YYYY  
Debtor Relationship  
District Date filed Case number, if known  
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No  
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Vero Health XIII, LLC d/b/a Vero Health & Rehab of South Hadley Case number (if known) \_\_\_\_\_  
Name

| 13. Each petitioner's claim | Name of petitioner           | Nature of petitioner's claim  | Amount of the claim above the value of any lien |
|-----------------------------|------------------------------|-------------------------------|---|
|                             | <u>PharmScript of MA LLC</u> | <u>Agreement for Judgment</u> | <u>\$ 538,417.42</u>                            |
|                             | <u>Adaptige, LLC.</u>        | <u>Consent Judgment</u>       | <u>\$ 172,608.77</u>                            |
|                             | <u>Aegis Therapies, Inc.</u> | <u>Judgment</u>               | <u>\$ 263,447.89</u>                            |
|                             | Total of petitioners' claims |                               | <u>\$ 974,474.08</u>                            |

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4:** Request for Relief

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Name and mailing address of petitioner**

PharmScript of MA LLC c/o Amann Burnett PLLC  
Name  
757 Chestnut Street  
Number Street  
Manchester NH 03104  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-12-2023  
MM / DD / YYYY

**X** /s/ William J. Amann, Esq. counsel for PharmScript of MA LLC  
Signature of petitioner or representative, including representative's title

**Attorneys**

William J. Amann, Esq.  
Printed name  
Amann Burnett PLLC  
Firm name, if any  
757 Chestnut Street  
Number Street  
Manchester NH 03104  
City State ZIP Code

Contact phone 603-696-5404 Email wamann@amburlaw.com

Bar number # 648511

State MA

**X** /s/ William J. Amann, Esq.  
Signature of attorney

Date signed 9-12-2023  
MM / DD / YYYY

Debtor Vero Health XIII, LLC d/b/a Vero Health & Rehab of South Hadley  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Adaptige, LLC. c/o Amann Burnett PLLC

Name

757 Chestnut Street

Number Street

Manchester NH 03104

City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-12-2023  
MM / DD / YYYY

☒ /s/ William J. Amann, Esq., counsel for Adaptige, LLC.

Signature of petitioner or representative, including representative's title

William J. Amann, Esq.

Printed name

Amann Burnett PLLC

Firm name, if any

757 Chestnut Street

Number Street

Manchester NH 03104

City State ZIP Code

Contact phone 603-696-5404 Email wamann@amburlaw.com

Bar number # 648511

State MA

☒ /s/ William J. Amann, Esq.

Signature of attorney

Date signed 9-12-2023  
MM / DD / YYYY

**Name and mailing address of petitioner**

Aegis Therapies, Inc., c/o Amann Burnett PLLC

Name

757 Chestnut Street

Number Street

Manchester NH 03104

City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-12-2023  
MM / DD / YYYY

☒ /s/ William J. Esq., counsel for Aegis Therapies, Inc.

Signature of petitioner or representative, including representative's title

William J. Amann, Esq.

Printed name

Amann Burnett PLLC

Firm name, if any

757 Chestnut Street

Number Street

Manchester NH 03104

City State ZIP Code

Contact phone 603-696-5404 Email wamann@amburlaw.com

Bar number #648511

State MA

☒ /s/ William J. Amann, Esq.

Signature of attorney

Date signed 9-12-2023  
MM / DD / YYYY